



GEORGIA DEPARTMENT OF REVENUE
Taxpayer Return Request Form

PLEASE PRINT CLEARLY

1. Taxpayer Name: _____
2. Address On Return: _____
City/State/Zip: _____
3. Current Address (if different): _____
City/State/Zip: _____
Phone Number (Day): _____
4. Social Security Number: _____
Spouse's Social Security
Number (if applicable): _____
5. Year(s) of Return: _____
Date Return(s) Filed: mm/dd/yy _____

Signature: _____ Date: _____
mm/dd/yy

FEE - \$1.00 PER PAGE DO NOT MAIL CASH

Please Check the Appropriate Box(es):

Georgia 500 () Federal Attachments () W-2 Forms () Front Page Only ()

Please mail completed form to:

Georgia Department of Revenue
P.O. Box 49512
Atlanta, GA 30359-1512